CAMPAIGN CONTRIBUTIONS AND EXPENSE	S REPORT			State of Nevada
lim Norm A:	SSEME	364		31
	(if applicable)	1 1 2		District (if applicable)
Mailing Address (include city and zip code)	1 2000	rks 100 o	Telephone No.	75)35%-6673
E-Mail Address	Win			
Paralle to the same and the same and the same	CIDOL DOTY		NDDOCK CODD	20081
Select Appropriate Box(es) CANDIDATE PAC	□ POL PRTY	□IND EXP □NO	NPROFIT CORP	200
LEGAL DEFENSE FUND	AMENDED			and a state where the construction are a state of the sta
Annual Filing - Due January 15, 2008 Period: January 1, 2007 - December 31, 2007			CII	ED
Report #1 — Due August 5, 2008* Period: Jan. 1, 2008 — July 31, 2008				
Report #2 Due — October 28, 2008*			JAN	0 2 2009
Period: Aug. 1, 2008 — Oct. 23, 2008			C	0 2 2009 Kg
Report #3 Due — January 15, 2009*/** Period: Oct. 24, 2008 — Dec. 31, 2008			SECRETA	RY OF STATE ONS DIVISION
Annual Filing – Due January 15, 2009			FOR O	FFICE USE ONLY
Period: January 1, 2008 – December 31, 2				
* These Reports are filed by incumbents/cand	lidates runnin	g for office in the	2008 election c	ycle
** Third Report suffices for 2009 Annual Filing	if candidate a	also filed Report N	os. 1 and 2	Cumulative
CONTRIBUTIONS SUMMARY				From Beginning of Report Period #1
			This Period	through End of This Reporting
Total Monetary Contributions Received in Excess of \$1     (See page 1 of instruction sheet)	00			Period
2. Total Monetary Contributions Received of \$100 or Less				3
(See page 2 of instruction sheet)  3. Total Monetary Contributions in the form of loans gual	ranteed by a third			-
party. (See page 2 of instruction sheet)  4. Total Monetary Contributions in the form of loans that	were forgiven			~
(See page 2 of instruction sheet)		Cumulative From		
	This Period	Beginning of Report Period #1 Through End of This Reporting		
5. 'Total Amount of Monetary Contributions		Period		
Received				~
(Add Lines 1 through 4) (See page 2 of instruction sheet) 6. Total Amount of Written Commitments for		-		1.6
Contributions (When commitment is funded, report as				
contribution (monetary or in kind)) (See page 2 of instruction sheet)		10		
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)		0		
(Gee page 2 of instruction sheet)				
THE RESERVE OF THE PARTY OF THE	XPENSES SUI	MMARY		
8. Total Monetary Expenses Paid in Excess of \$100				1 ~-
(See page 2 of instruction sheet)				10
Total Monetary Expenses Paid of \$100 or Less     (See page 2 of instruction sheet)				0
10. Total Amount of All Monetary Expenses Paid				
(Add Lines 8 and 9) (See page 2 of instruction sh 11. Total Value of In Kind Expenses in Excess	eet)	1 0-		
of \$100 (See page 3 of instruction sheet)		10		
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15th				
day of the second month after candidates defeat or				
incumbent does not run for reelection) (See page 3 of instruction sheet)		A		
(occ page o or monucion sneet)				
I Declare Under Penalty of Perjury That the Fo	AFFIRMATION OF THE PROPERTY OF	ON le and Correct		
, , , , , , , , , , , , , , , , , , , ,	3-119 10 110	50/1662	1	1
Aus L. Web	T		1/2	109
Signature			Date	9

EL201.doc

Revised: Dec-07

PAGE\_\_\_OF\_\_\_

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RO</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RO</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
		X			

This page may be copied or duplicated if additional space is needed.

1	-				
	in	U	2	0	1
Non	on (print				

Assemble
Office (if applicable)

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
	mineral residence	

This page may be copied or duplicated if additional space is needed.

Name (print)

ASSEMBLY
Office (if applicable)

District (if applicable)

### **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

PAGE 4 OF 9

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

31

Name (print)

Assembly
Office (if applicable)

# Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
	1		
			*

This page may be copied or duplicated if additional space is needed.

PAGE 5 OF 9

## IN KIND CONTRIBUTIONS AND EXPENSES REPORT

## IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

**Examples of in kind contributions:** (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

**Example of in kind expenses:** (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

PAGE 6 OF 9

EL201.doc

Revised: Dec-07

#

Name (print)

ASSEMBUT Office (if applicable)

District (if applicable)

## IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RO</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RO</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
		X				
			X			
				The same		

This page may be copied or duplicated if additional space is needed.

PAGE 7 OF 9

37

Name (print)

Assem Buy Office (if applicable)

District (if applicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
		S. Capelline

This page may be copied or duplicated if additional space is needed.

Name (print)

AssemBly
Office (if applicable)

District (if applicable)

#### IN KIND

# Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
	1		
	NAME OF A		

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

PAGE 7 OF 9